

**DOMESTIC TRAVEL INFORMATION FOR ADB ENTRY**

For the IRP Scientific Retreat Only

Order Number- \_\_\_\_\_

Lab/Branch: \_\_\_\_\_ **DIRP, NIMH**

NIMH CAN number: 3-8337696

NINDS CAN number: 3-

O.C.: 2151

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ (System Should Provide)

Position Title: \_\_\_\_\_

Home Address: System should provide if EIN request has been entered.

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_ Building: \_\_\_\_\_, Room: \_\_\_\_\_

**CONTACT FOR INFORMATION**

Name: Margarita Valencia

Telephone Number: 6-8032

Building: 10, Room: 4N222

Purpose of Travel: To Attend the 7<sup>th</sup> Annual IRP Scientific Retreat at the Eisenhower Inn & Conference Center, Gettysburg, PA September 22 – 23, 2003.

Date & Time of departing home or work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ AM/PM

Date & Time of arriving Airlie Center: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ AM/PM

Meals to be paid for: ...-0-days

Lodging to be paid for: ...-0-nights

Per Diem not to exceed: -0-

Date & Time departing Airlie Center: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ AM/PM

Date & Time arriving at home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ AM/PM

**TRANSPORTATION**

Primary mode of transportation: 1=Air, 2=POV, 3=GSA, 4=Train, 5=Bus \_\_\_\_\_

Just. Non-Contract: 1=Space, 2=Hours, 3=Fare, 4=Not Required: \_\_\_\_\_

Class Travel: 1=Coach, 2=Business, 3=First-Class, 5=Spec. Rate: \_\_\_\_\_

Appropriation #: \_\_\_\_\_

Fare: 1=GTR Blanket, 2=Individual, 3=Cash: \_\_\_\_\_ Cost: \_\_\_\_\_

POV Estimate miles: \_\_\_\_\_ (system will figure cost)

Excess Taxi (Other than to and from terminal): \_\_\_\_\_ Cost: \_\_\_\_\_

Car Rental, if authorized: \_\_\_\_\_ Cost: \_\_\_\_\_

Other Transportation (parking, tolls, taxi, subway & bus) \_\_\_\_\_ Cost: \_\_\_\_\_

GSA Vehicle authorized?=N Mixed Mode authorized?=N \_\_\_\_\_ Cost: \_\_\_\_\_

Registration due date: 8/18/00 Total registration: \$ -0- \_\_\_\_\_

Additional Expenses: \_\_\_\_\_ Cost: \_\_\_\_\_

Preferred method of payment. \_\_\_\_\_ 3 \_\_\_\_\_

Total advance should not exceed: \_\_\_\_\_ Cost: \_\_\_\_\_

Advance Request by Traveler \_\_\_\_\_ No \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_

**RECOMMENDING OFFICER:** \_\_\_\_\_  
(Signature of Supervisor) (Date)

**\*PLEASE SUBMIT A COMPLETED COPY OF THIS WORKSHEET TO THE ADMINISTRATIVE OFFICE AFTER ENTRY INTO THE "ADB" TO GET THE TRAVEL ORDER APPROVAL**